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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	045000001		CITY	OR TOWN	GLOUCES	TER
APPLICATION FOR	RENEWAL:	Season	ıal	LICEN	SED FOR 20)15
		CLAS	SS			YEAR
LICENSEE NAME:	DRYER'S DOCK	KSIDE RESTAU	RANT, CORF	2.		
DOING BUSINESS A	DOCKSIDE RE	ESTAURANT				
ADDRESS 77 ROCKY	Y NECK AVE.					
CITY/TOWN: GLOU	JCESTER	STATE:	MA ZI	P CODE:	01930	
MANAGER: DYER	, DENNIS T	YPE OF LICEN	SE: Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
Y	OUR EMAIL ADDRESS I	S REQUIRED. PLEASE	PRINT CLEARLY.			
DESCRIPTION OF LI	CENSED PREM	IISES:				
SINGLE STORY RESTA AND KITCHEN. ONE E			5,130 SQ. FT. V	WITH DININ	G ROOM, LO	UNGE
I hereby certify and sw	ear under penalti	es of perjury tha	t:			
1. the renewed	l license will be o	of the same type	for the same p	remises now	licensed;	
2. the licensee	has complied wi	th all laws of the	Commonwea	lth relating t	o taxes; and	
3. the premise	s are now open fo	or business (If no	ot explain belo	w)		
SIGNED BY						
	Individual, Partn	er or Authorized	Corporate Of	ficer		
DATE:	TEI EDUO	NE NUMBER:		EMPLOYE	RIDENTIFICAT	ION NUMBER:
	TELEFTIO	THE NOWIBER.	(1			ecurity Number)
We the undersigned, Acts of 2004, signed 1						
named license and (2						
of 2010.	,	1	•	1		
Please Check Below:			LOC	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:			·			
(If disapproved explain	1)					
DATE.						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000005	C	CITY OR TOWN GLOUCESTER
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015
	CLASS	YEAR
LICENSEE NAME: THE TRIO BU DOING BUSINESS A LOBSTA LA		
ADDRESS CAUSEWAY STREET		
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE: 01930
MANAGER: GRAMMAS, COREY	TYPE OF LICENSE: Resta	urant CATEGORY: All Alcohol
EMAIL ADDRESS:		
YOUR EMAIL ADDRES	S IS REQUIRED. PLEASE PRINT CLEA	RLY.
DESCRIPTION OF LICENSED PRE	MISES:	
1 BAR ENTRANCE INTO BAR AREA V DOORS TO STREET AND KITCHEN A FRONT OF BUILDING.		
I hereby certify and swear under penal	lties of perjury that:	
1. the renewed license will be	e of the same type for the sa	me premises now licensed;
2. the licensee has complied	with all laws of the Commo	nwealth relating to taxes; and
3. the premises are now open	for business (If not explain	below)
SIGNED BY Individual, Par	tner or Authorized Corpora	te Officer
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	g inspector and the head o	ertificate required by Chapter 304 of the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
		·
DATE:		
•		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000011	•	CITY OR TOWN	GLOUCESTER
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: EASTERN I DOING BUSINESS A	POINT YACHT CLUB		
ADDRESS 125 EASTERN POINT	C		
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE:	01930
MANAGER: FERRIS, CHRISTOPHER	TYPE OF LICENSE: Club	CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADD	RESS IS REQUIRED. PLEASE PRINT CLE	ARLY.	
DESCRIPTION OF LICENSED P	REMISES:		
TEN EXTERIOR DOOR SERVE AS I ROOMS ON THE FIRST FLOOR; 5 F STORAGE, RESTROOMS AND LOB	ROOMS ON THE 2ND 2 ON TH		
I hereby certify and swear under pe	nalties of perjury that:		
1. the renewed license will	be of the same type for the s	ame premises now	licensed;
2. the licensee has complied	ed with all laws of the Commo	onwealth relating to	taxes; and
3. the premises are now op	en for business (If not explain	n below)	
SIGNED BY Individual, I	Partner or Authorized Corpora	ate Officer	
DATE: TELE	PHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
We the undersigned, attest that a Acts of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the head	of the fire departn	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSIBy:	ING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000035	(CITY OR TOWN	GLOUCES	TER
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 20)15
	CLASS			YEAR
LICENSEE NAME: ANNISQUAM Y DOING BUSINESS A	ACHT CLUB INC.			
ADDRESS 19 RIVER ROAD				
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE:	01930	
MANAGER: PASSARETTI, TY ANTHONY	YPE OF LICENSE:Club	Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
YOUR EMAIL ADDRESS IS	S REQUIRED. PLEASE PRINT CLEA	ARLY.		
DESCRIPTION OF LICENSED PREM	ISES:			
1ST. FLOOR, DINING AREA, KITCHEN, ONLY.	MENS' AND LADIES' RO	OM, THIRD FLOO	R FOR STOR	AGE
2. the licensee has complied with 3. the premises are now open for SIGNED BY Individual, Partner		n below)	o taxes; and	
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: NOT Ind		TON NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head o	of the fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000037		CITY OR TOWN	GLOUCESTER
APPLICATION FOR RENEWAL	.: Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: DYERS ST	UDIO RESTAURANT COI	RP.	
DOING BUSINESS A THE STU	DIO		
ADDRESS 51 ROCKY NECK A	VE.		
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE:	01930
MANAGER: DYER, DENNIS	TYPE OF LICENSE: Re	staurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADI	DRESS IS REQUIRED. PLEASE PRINT C	LEARLY.	
DESCRIPTION OF LICENSED F	PREMISES:		
ONE-STORY WOODEN BUILDING 33'X65' OPEN DECK ON THE SMIT		NO CELLAR' ONE F	LOOR TWO ROOMS.
I hereby certify and swear under pe	enalties of perjury that:		
1. the renewed license wil	l be of the same type for the	same premises now	licensed;
2. the licensee has compli	ed with all laws of the Com	nonwealth relating t	o taxes; and
3. the premises are now o	pen for business (If not expl	ain below)	
SIGNED BY			
Individual,	Partner or Authorized Corpo	orate Officer	
DATE: TELE	EPHONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
		(Note: NOT Inc	lividual Social Security Number)
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the hea	d of the fire depart	ment for the above
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		D	
		By:	
DISAPPROVED:		ву:	
DISAPPROVED: (If disapproved explain)			
		Бу:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 045000038		CITY OR TOWN	GLOUCESTER
APPLICATION F	OR RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAM	E: DYER'S RUDI	DER RESTAURANT		
DOING BUSINE	SS A THE RUDDE	R RESTAURANT		
ADDRESS 73 RC	OCKY NECK AVE.			
CITY/TOWN: G	SLOUCESTER	STATE: MA	ZIP CODE:	01930
	HEELER, HRISTOPHER	ГҮРЕ OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	YOUR EMAIL ADDRESS	S IS REQUIRED. PLEASE PRINT (CLEARLY.	
DESCRIPTION C	OF LICENSED PRE	MISES:		
		N BUILDING. SIX ENTR OOM APTS. ON SECONI		STORE ROOM ON
	nd swear under penal			
•	-	of the same type for the	e same premises now	licensed;
2. the lice	ensee has complied v	with all laws of the Com	monwealth relating to	o taxes; and
	-	for business (If not exp	_	,
		, 1		
SIGNED BY				
SIGNED D I	Individual, Par	tner or Authorized Corp	oorate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, sig	ned by the building	g inspector and the hea	nd of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	kplain)			
DATE:				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000092		CITY OR TOWN	GLOUCESTER
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: CAFFE D'OLCE, DOING BUSINESS A ADDRESS 3 MAIN ST	, INC		
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE:	01930
	YPE OF LICENSE: Rest		ATEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREM ONE ENTRANCE/EXIT, CAFFEE CAPAC			
1. the renewed license will be of the licensee has complied with the premises are now open for SIGNED BY Individual, Partnerses.	of the same type for the s th all laws of the Comm	onwealth relating to in below)	
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we at Acts of 2004, signed by the building i named license and (2) the certificate of 2010.	nspector and the head	of the fire departr	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000093		CITY OR TOWN	GLOUCESTER
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: CAPTAIN CARLO DOING BUSINESS A CAPTAIN CARL			
ADDRESS 27-37 HARBOR LOOP			
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE:	01930
MANAGER: FOSTER, TYI ROSEMARIE	PE OF LICENSE:Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS F	REQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF LICENSED PREMIS	SES:		
OUTSIDE EXITING FROM INSIDE DINING AREA & 2 TEMP. TENTS, ENCLOSED ENCINTERIOR TENTS & BARRIERS ADJACES STAFF PERSON & OR POLICE OFFICER.	CLOSED BY EXTERIOR	OR BLDG.,WALL, E	XTERIOR WALL OF
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	the same type for the	same premises now	licensed;
2. the licensee has complied with	all laws of the Comm	onwealth relating to	taxes; and
3. the premises are now open for	business (If not expla	in below)	
SIGNED BY Individual, Partner	or Authorized Corpo	rate Officer	
DATE: TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	of the fire departs	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04	5000095		CI	ΓY OR TOWN	GLOUCES	TER
APPLICATION FOR RE	ENEWAL:	Seasor	nal	LICEN	SED FOR 20)15
		CLAS	SS			YEAR
LICENSEE NAME: HODOING BUSINESS A	ORIZON CHINES	E RESTAUF	RANT, INC	2.		
ADDRESS 4 ROGERS S	STREET					
CITY/TOWN: GLOUC	ESTER	STATE:	MA	ZIP CODE:	01930	
MANAGER: GAO, JA	MES TYPE	E OF LICENS	SE: Restaur	rant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	R EMAIL ADDRESS IS RE		PRINT CLEARL	Y.		
DESCRIPTION OF LIC						
RESTAURANT APPROX. ENTRANCSE/EXIT: 1 EM					OCP. BATHRO	DOMS, 1
I hereby certify and swea	r under penalties o	of perjury that	t:			
1. the renewed li	icense will be of th	e same type	for the sam	e premises now	licensed;	
2. the licensee h	as complied with a	ıll laws of the	Commony	wealth relating t	o taxes; and	
3. the premises a	are now open for b	usiness (If no	t explain b	elow)		
SIGNED BY	dividual, Partner c	or Authorized	Corporate	Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYER (Note: NOT Inc		TON NUMBER: ecurity Number)
We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.	the building insp	ector and th	e head of	the fire depart	ment for the	above
Please Check Below:			L	OCAL LICENS	SING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved explain)			_			
			=			
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS YEAR LICENSEE NAME: RISTORANTE TRATTORIA LLC DOING BUSINESS A ADDRESS 60 & 64 MAIN STREET CITY/TOWN: GLOUCESTER STATE: MA ZIP CODE: 01930 MANAGER: ORLANDO, PIERA TYPE OF LICENSE: Restaurant M.
LICENSEE NAME: RISTORANTE TRATTORIA LLC DOING BUSINESS A ADDRESS 60 & 64 MAIN STREET CITY/TOWN: GLOUCESTER STATE: MA ZIP CODE: 01930 MANAGER: ORLANDO, PIERA TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
DOING BUSINESS A ADDRESS 60 & 64 MAIN STREET CITY/TOWN: GLOUCESTER STATE: MA ZIP CODE: 01930 MANAGER: ORLANDO, PIERA TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
CITY/TOWN: GLOUCESTER STATE: MA ZIP CODE: 01930 MANAGER: ORLANDO, PIERA TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
MANAGER: ORLANDO, PIERA TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:
YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.
DESCRIPTION OF LICENSED PREMISES:
REST. WITH 3 DINING AREAS, KITCHEN, 2 HDCP, BATHROOMS ,CELLAR FOR STORAGE, FRONT ENT./EXIT AND SIDE ENTR./ EXIT TABLE SERVICE ONLY.
I hereby certify and swear under penalties of perjury that:
1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)
SIGNED BY
Individual, Partner or Authorized Corporate Officer
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.
Please Check Below: LOCAL LICENSING AUTHORITY
APPROVED: By:
DISAPPROVED:
(If disapproved explain)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000098		CITY OR TOWN GI	LOUCESTER
APPLICATION FOR RENEWAL:	Seasonal	LICENSED	FOR 2015
	CLASS		YEAR
LICENSEE NAME: TOPSIDE GRI	LL INC		
DOING BUSINESS A TOPSIDE GR	ILL		
ADDRESS 50 ROGERS ST. & 18-26	HANCOCK STREET		
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE: 0	1930
MANAGER: SILVA, DENNIS	ΓΥΡΕ OF LICENSE: Res	staurant CATE	GORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS	S IS REQUIRED. PLEASE PRINT CI	EARLY.	
DESCRIPTION OF LICENSED PRE	MISES:		
RESTAURANT W/ENTRANCE ON ROO HALLWAY CONNECTS PUB AND RES			COCK STREET.
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the	same premises now lice	nsed;
2. the licensee has complied v	vith all laws of the Comr	nonwealth relating to tax	es; and
3. the premises are now open	for business (If not expla	ain below)	
SIGNED BY			
Individual, Par	tner or Authorized Corpo	orate Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDE	NTIFICATION NUMBER:
		(Note: NOT Individu	al Social Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	l of the fire departmen	t for the above
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
(If disapproved explain)			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000104		CITY OR TOWN	GLOUCESTER
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: THE MARKET DOING BUSINESS A	RESTAURANT ON LO	DBSTER COVE IN	C.
ADDRESS 33 RIVER STREET			
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE:	01930
MANAGER: O'REILLY, AMELIA	ΓΥΡΕ OF LICENSE: Res	taurant Ca	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS	S IS REQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF LICENSED PRE	MISES:		
FIRST FLOOR INCLUDING DECK AT I AND FRONT ENTRANCE, RETAIL ARI AND KITCHEN; STORAGE AREA EXC	EA, EMERGENCY EXIT,		
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the	same premises now	licensed;
2. the licensee has complied v	vith all laws of the Comm	nonwealth relating to	o taxes; and
3. the premises are now open	for business (If not expla	in below)	
SIGNED BY Individual, Part	ner or Authorized Corpo	rate Officer	
DATE: TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER:
		(Note: NOT Ind	lividual Social Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire departi	ment for the above
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	45000106		CITY OR TOWN	GLOUCES	IEK
APPLICATION FOR R	ENEWAL:	Seasonal	LICEN	SED FOR 20)15
		CLASS			YEAR
LICENSEE NAME: N	IO. 1 GLOUCESTE	R BUFFET,INC.			
DOING BUSINESS A	MIDORI CHINESE	E JAPANESE			
ADDRESS 32-36 WAS	HINGTON STREE	Т			
CITY/TOWN: GLOU	CESTER	STATE: MA	ZIP CODE:	01930	
MANAGER: HUANG Y	G,ANTHON TYPE	OF LICENSE: R	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
YO	UR EMAIL ADDRESS IS REQ	UIRED. PLEASE PRINT (CLEARLY.		
DESCRIPTION OF LIG					
FIRST FLOOR WITH ON AND TWO EXITS.	E DINING ROOM , (ONE KITCHEN, OI	NE STORAGE ROOM	, ONE ENTRA	NCE
I hereby certify and swe	ar under penalties o	f perjury that:			
1. the renewed	license will be of the	e same type for th	e same premises now	licensed;	
2. the licensee	has complied with a	ll laws of the Con	monwealth relating t	o taxes; and	
3. the premises	are now open for bu	usiness (If not exp	lain below)		
SIGNED BY					
I	ndividual, Partner of	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT	
			(Note: NOT Inc	dividual Social So	ecurity Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building insp	ector and the hea	nd of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain))				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000107		CITY OR TOWN	GLOUCEST	ΓER
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 20	15
	CLASS		•	YEAR
LICENSEE NAME: MELISSA R. SALL	AH			
DOING BUSINESS A SUGAR MAGNOI	JA'S CAFÉ			
ADDRESS 112 MAIN STREET				
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE:	01930	
MANAGER: SALLAH, MELISSATYPE	E OF LICENSE: Res	taurant CA	ATEGORY:	Wine and Malt Cordials
EMAIL ADDRESS:				
YOUR EMAIL ADDRESS IS REC	QUIRED. PLEASE PRINT CL	EARLY.		
DESCRIPTION OF LICENSED PREMISE				
FIRST FLOOR RESTAURANT, EXIT & ENTI KITCHEN, MEN'S & LADIES ROOM, 1600 S			INING AREA,	
I hereby certify and swear under penalties of	of perjury that:			
1. the renewed license will be of the	e same type for the	same premises now	licensed;	
2. the licensee has complied with a	all laws of the Comm	nonwealth relating to	taxes; and	
3. the premises are now open for b	usiness (If not expla	in below)		
SIGNED BY Individual, Partner of	or Authorized Corpc	rate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICATI	ON NUMBER:
1222110112	1,01122211	(Note: NOT Ind	ividual Social Se	curity Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of light of 2010.	ector and the head	of the fire departr	nent for the a	above
Please Check Below:		LOCAL LICENS	ING AUTHO	RITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)			-	
		-		
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000109		CITY OR TOWN	GLOUCESTER
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: CASTLE MANODOING BUSINESS A	R INN LLC		
ADDRESS 141 ESSEX AVENUE			
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE:	01930
MANAGER: BAKER, LAURA TY MINI	TPE OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT CLE	ARLY.	
DESCRIPTION OF LICENSED PREMI	ISES:		
KITCHEN, RESTAURANT-4 ROOMS, 150 DECKAPPROX 2400 SQ FT3 RESTRO			VICE ENTRANCE AND
I hereby certify and swear under penaltie	s of perjury that:		
1. the renewed license will be of	• •	•	
2. the licensee has complied wit		•	taxes; and
3. the premises are now open for	r business (If not explai	n below)	
SIGNED BY Individual, Partne	er or Authorized Corpor	rate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest that we ar Acts of 2004, signed by the building ir named license and (2) the certificate of of 2010.	spector and the head	of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
			<u> </u>
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000110		CITY OR TOWN	GLOUCESTER
APPLICATION FOR RENEWAL:	Seasonal	LICENSE	D FOR 2015
	CLASS		YEAR
LICENSEE NAME: OHANA, INC.			
DOING BUSINESS A OHANA			
ADDRESS 151 MAIN STREET			
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE:	01930
MANAGER: DADULAS, ERNIE TY T.	PE OF LICENSE: Res	staurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF LICENSED PREMI	SES:		
52 SEAT RESTAURANT & 9 SEATS AT TO OFICE, BATHROOM, COMMON AREA & VESTIBULE			
I hereby certify and swear under penaltie	s of perjury that:		
1. the renewed license will be of	the same type for the	same premises now lic	eensed;
2. the licensee has complied with	h all laws of the Comm	nonwealth relating to ta	axes; and
3. the premises are now open for	r business (If not expla	nin below)	
SIGNED BY Individual, Partne	er or Authorized Corpo	orate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER ID	DENTIFICATION NUMBER:
1222,1101	(E) (CIVIBEIC	(Note: NOT Individ	dual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate o of 2010.	spector and the head	l of the fire departme	nt for the above
Please Check Below:		LOCAL LICENSIN	IG AUTHORITY
APPROVED:		By:	
DISAPPROVED:		•	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 045000111		CITY OR TOWN	GLOUCES'	TER
APPLICATION FO	R RENEWAL:	Seasonal	LICENS	SED FOR 20	15
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS	: LAURA CRAMER				
ADDRESS 44 MAI					
CITY/TOWN: GL		STATE: MA	ZIP CODE:	01930	
	AMER, LAURA TYP	'E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	YOUR EMAIL ADDRESS IS R	EQUIRED. PLEASE PRINT CL	EARLY.		
	ELICENSED PREMIS TORAGE AREA, UTILI		LF BATH		
2. the licen	wed license will be of t see has complied with isses are now open for	all laws of the Comn	nonwealth relating to		
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			Ву:		
(If disapproved exp	lain)				
			-		
DATE:					
APPLICATION FOR RENE	EWAL MUST BE FILED BY LI	CENSEES DURING THE MO	ONTH OF MARCH (M.G.L.	Ch. 138 \$ 16A)	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 045000112		CITY OR TOWN	GLOUCES	TER
APPLICATIO	N FOR RENEWAL:	Seasonal	LICEN	SED FOR 20)15
		CLASS			YEAR
LICENSEE NA	AME: ROBERT L. N	EWTON			
DOING BUSIN	NESS A THE CAPE A	ANN COMMUNITY CIN	EMA		
ADDRESS 21	MAIN STREET 2ND	FLOOR			
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE:	01930	
MANAGER:	NEWTON, ROBERT L.	TYPE OF LICENSE: Ger	neral on Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	YOUR EMAIL ADDRES	SS IS REQUIRED. PLEASE PRINT CL	EARLY.		
	N OF LICENSED PRE				
		ING ROOM SETTING WIT	H EXITS FRONT AN	ND REAR	
	and swear under pena				
		e of the same type for the	-		
2. the	licensee has complied	with all laws of the Comm	nonwealth relating to	o taxes; and	
3. the	premises are now oper	n for business (If not expla	in below)		
SIGNED BY					
	Individual, Par	rtner or Authorized Corpo	rate Officer		
DATE:	TELEPH	HONE NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004,	signed by the buildin	e are in possession (1) the g inspector and the head te of liquor liability insu	of the fire departi	nent for the	above
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	l explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000113		CITY OR TOWN	GLOUCES'	TER
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 20	015
	CLASS			YEAR
LICENSEE NAME: STEPHEN B FICE DOING BUSINESS A TONY'S VARI				
ADDRESS 183 WASHINGTON STRE	ET			
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE:	01930	
MANAGER: FIGURIDO, TY	YPE OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
YOUR EMAIL ADDRESS I	S REQUIRED. PLEASE PRINT CL	EARLY.		
DESCRIPTION OF LICENSED PREM 6034 SF STORE ON THE CORNER LOT V UPSTAIRS STORAGE AND OFFICE		ND EXITSFULL BA	SEMENT AN	D
2. the licensee has complied wi 3. the premises are now open for SIGNED BY Individual Porton	or business (If not expla	in below)	taxes; and	
Individual, Partn	er or Authorized Corpo	rate Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000114	CI	TY OR TOWN GLOUCEST	TER
APPLICATION FOR RENEWAL:	: Seasonal	LICENSED FOR 201	15
	CLASS	Y	YEAR
LICENSEE NAME: GLOUCETS DOING BUSINESS A			
ADDRESS 267 EAST MAIN STR			
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE: 01930	
MANAGER: mclaughlin, elsa	TYPE OF LICENSE: General premis		Wine and Malt Regular
EMAIL ADDRESS:			
YOUR EMAIL ADD	RESS IS REQUIRED. PLEASE PRINT CLEAR	LY.	
DESCRIPTION OF LICENSED PERSONS, AND BATHROOMS; 2 ENTRANCE LOBBY, 190 SEAT THE ROOMS, AND BATHROOMS; 2 ENTRANCE LOBBY, 190 SEAT THE ROOMS, AND BATHROOMS; 2 ENTRANCE LOBBY, 190 SEAT THE ROOMS, AND BATHROOMS; 2 ENTRANCE LOBBY, 190 SEAT THE ROOMS, AND BATHROOMS; 2 ENTRANCE LOBBY, 190 SEAT THE ROOMS, AND BATHROOMS; 2 ENTRANCE LOBBY, 190 SEAT THE ROOMS, AND BATHROOMS; 2 ENTRANCE LOBBY, 190 SEAT THE ROOMS, AND BATHROOMS; 2 ENTRANCE LOBBY, 190 SEAT THE ROOMS, AND BATHROOMS; 2 ENTRANCE LOBBY, 190 SEAT THE ROOMS, AND BATHROOMS; 2 ENTRANCE LOBBY, 190 SEAT THE ROOMS, AND BATHROOMS; 2 ENTRANCE LOBBY, 190 SEAT THE ROOMS, AND BATHROOMS; 2 ENTRANCE LOBBY, 190 SEAT THE ROOMS, 2 ENTRANCE LOBBY,	EATRE, PERFORMANCE SPACE		RESSING
I hereby certify and swear under pe	enalties of perjury that:		
2. the licensee has complied	l be of the same type for the san ed with all laws of the Common pen for business (If not explain l	wealth relating to taxes; and	
5. the premises are now of	ich for business (if not explain)	below)	
SIGNED BY Individual, I	Partner or Authorized Corporate	e Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Sec	
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the head of	the fire department for the a	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	_	LOCAL LICENSING AUTHO By:	RITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 045000115		CITY	OR TOWN	GLOUCES	ΓER
APPLICATION FOR RENEWAL:			nal	LICENSED FOR 2015		
		CLA	SS		,	YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 73 ESSE	A	RTH INCORPOR.	ATED			
CITY/TOWN: GLO		STATE:	MA ZI	P CODE:	01930	
	KOUR, ESSAMAD	TYPE OF LICEN	SE:Package St	tore CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
,	YOUR EMAIL ADDRES	S IS REQUIRED. PLEASE	PRINT CLEARLY.			
DESCRIPTION OF I	LICENSED PRE	EMISES:				
2300 S.F. CONVENINI STORAGE UPSTAIRS	ECE STORE & G.	AS STATION WIT	H 1 ENTRANCI	E AND 2 EXI	ΓS: OFFICE A	ND
2. the license	e has complied	e of the same type with all laws of the for business (If n	e Commonwea	lth relating to		
	Individual, Par	tner or Authorized	l Corporate Of	ficer		
DATE:	TELEPH	IONE NUMBER:	(IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOC By:	CAL LICENS	ING AUTHO	DRITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	045000116		CITY OR TOWN	GLOUCEST	ER
APPLICATION FOR 1	RENEWAL:	Seasonal	LICEN	SED FOR 201	5
		CLASS		Y	EAR
LICENSEE NAME:	NEW CHINA PO	RT, INC			
DOING BUSINESS A	CHINA PORT				
ADDRESS 226 WASH	HINGTON STREE	ET			
CITY/TOWN: GLOU	JCESTER .	STATE: MA	ZIP CODE:	01930	
MANAGER: YU, X	IAO ZHU TY	PE OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
Y	OUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT C	LEARLY.		
DESCRIPTION OF LI	CENSED PREMI	(SES:			
FULL SERVICE 2100 SO WITH EGRESS AT SIDE		NT WITH 2 RESTAUR	ANTS, BAR AREA, E	NTRANCE IN F	FRONT
I hereby certify and sw	ear under penaltie	s of perjury that:			
1. the renewed	l license will be of	f the same type for the	e same premises now	licensed;	
2. the licensee	has complied with	h all laws of the Com	monwealth relating to	taxes; and	
3. the premise	s are now open for	r business (If not expl	lain below)		
SIGNED BY					
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER	DENTIFICATIO	N NUMBER:
	12221101	,21,01,1221	(Note: NOT Ind	ividual Social Sec	urity Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building in	spector and the hea	d of the fire departi	ment for the al	bove
Please Check Below:			LOCAL LICENS	ING AUTHOR	RITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain	1)				
			-		
DATE:					